

Wisconsin Medicaid fee schedule for community support program services

Procedure code	Procedure code description	Modifier and modifier description	Contracted rate*	Reimbursement (federal share) paid on and after 10/1/03
H0039	Assertive community treatment, face-to-face, per 15 minutes	UA — Psychiatrist	\$37.51	\$23.02
H0039	Assertive community treatment, face-to-face, per 15 minutes	UB — Advanced practice nurse prescriber with mental health specialty	\$37.51	\$23.02
H0039	Assertive community treatment, face-to-face, per 15 minutes	HP — Doctoral level	\$28.14	\$17.27
H0039	Assertive community treatment, face-to-face, per 15 minutes	HO — Masters degree level	\$22.51	\$13.82
H0039	Assertive community treatment, face-to-face, per 15 minutes	HN — Bachelors degree level	\$15.00	\$9.20
H0039	Assertive community treatment, face-to-face, per 15 minutes	HM — Less than Bachelor degree level	\$5.63	\$3.46
H0039	Assertive community treatment, face-to-face, per 15 minutes	U4 — Group MD/Advanced practice nurse prescriber with mental health specialty	\$9.38	\$5.76
H0039	Assertive community treatment, face-to-face, per 15 minutes	U3 — Group, Ph.D.	\$7.03	\$4.32
H0039	Assertive community treatment, face-to-face, per 15 minutes	U2 — Group, Masters	\$5.63	\$3.46
H0039	Assertive community treatment, face-to-face, per 15 minutes	U1 — Group, Professional	\$3.75	\$2.30

* Contracted rates are effective for DOS on and after October 1, 2003.

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	A description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Case Management Services
PO Box 309
Madison WI 53701-0309